

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/593,161		FILING DATE 9-18-06					
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52				1		
3		2					53				1		
4		2					54				1		
5		2					55				1		
6		2					56				1		
7	1						57				1		
8		1					58				1		
9		2					59				1		
10		2					60				1		
11		2					61				1		
12	1						62				1		
13		1					63				1		
14		2					64				1		
15		2					65				1		
16		2					66				1		
17		2					67				1		
18		2					68				1		
19		2					69				1		
20		2					70				1		
21	1						71				1		
22		1					72				1		
23	1						73				1		
24		1					74				1		
25		2					75			1			
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38	1						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.			2			
TOTAL DEP.	27						TOTAL DEP.			35			
TOTAL CLAIMS	33						TOTAL CLAIMS			37			